

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

PSYCHOLOGY APPLICATION FOR A PROVISIONAL LICENSE

FEE: \$25.00
SECTION A – DEMOGRAPHIC INFORMATION (All applicants must complete this section) (*Your name, address, date of birth, school and exam scores are public information and will appear on the internet – www.hhs.state.ne.us/lis/lisindex.htm*)

Applicant's Name:	Last	First	Middle Initial
Primary Practice Site:	Street/PO/Route		
	City	State	Zip Code
Telephone Number:	# during normal business hours		
Social Security Number: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)			SS#
Place of Birth:	City/State/Country	Date of Birth:	Month/Day/Year

(If your official transcript does not verify your date of birth, submit a copy of birth or marriage certificate, or driver's license, or similar documentation)

SECTION B - SUPERVISOR'S PERSONAL INFORMATION (All supervisors must complete this section)

1	Supervisor's Name	First:	Middle:	Last:
2	Business Address	Name of Facility:		
		Street/PO/Route:		
		City:	State:	Zip:
3	License Number			
4	Business Phone	(Optional)		

☐ Change in Supervisor

Name of Previous Supervisor:	First:	Middle:	Last:
What date did the supervision terminate:			
Will this individual continue as your supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

☐ Additional Supervisor(s) - This is in addition to the supervisors already on file

Make Payable to "Credentialing Division"

www.hhs.state.ne.us/crl/mhcs/psych/provapp.pdf

NOTE: Provisional licenses expire 2 years from the date of issuance or upon receipt of a license to practice, which ever occurs first.

SECTION C – DEGREE RECEIVED: (To be eligible for a Provisional License, all applicants must complete this section and cause to be submitted an Official Transcript of a Doctoral Degree in Psychology; you need only submit information relative to your doctoral degree. You must have received (conferred) a doctoral degree from a program of graduate study in professional psychology from an institution of higher education. The degree shall be obtained from a program of graduate study in psychology that meets the standards of accreditation adopted by the American Psychological Association. Any applicant from a doctoral program in psychology that does not meet such standards shall present a certificate of retraining from a program of respecialization that does meet such standards.

TRANSCRIPT MUST BE SENT TO THE DEPARTMENT DIRECTLY FROM INSTITUTION

1	Last Name on Transcript:					
2	Business Address:	Institution Name:				
		Street/PO/Route:				
		City:	State:	Zip:		
3	Month/Day/Year of Graduation:					
4	Degree Earned		Major:			
5	Is the program of graduate study in psychology accredited by the American Psychological Association (APA)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If not, name the accrediting body:					
<p align="center">(If the program is <u>not</u> accredited by APA, you must submit evidence that the program meets the standards of accreditation adopted by APA - PLEASE CONTACT THIS OFFICE FOR THE PROGRAM EQUIVALENCY FORM)</p>						

SECTION D - INTERNSHIP EXPERIENCE: All applicants must complete this section and submit Attachment S1 to verify this information. An applicant is required to have completed two years of supervised professional experience. One year shall be an internship meeting the standards of accreditation adopted by the American Psychological Association, and one year shall be supervised postdoctoral experience.

INTERNSHIP EXPERIENCE

1	Name of Facility where the internship was completed:					
2	Address	Street/PO/Route:				
		City:	State:	Zip:		
3	Was the internship APA approved:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If no, you must submit evidence that the internship meets the standards of accreditation adopted by the American Psychological Association. (contact this office for internship equivalency form)					
4	Dates of Internship:	From (Month/Day/Year):	To (Month/Day/Year):			
5	Name of Primary Supervisor					
	State or Jurisdiction in which supervisor licensed:					
	Type of Licensure:		License Number:			
6	Name of Other Supervising Psychologist					
	State/Jurisdiction licensed		License Number:			
7	Below, provide a brief statement of the services you provided during your internship:					

SECTION E – SCOPE OF PRACTICE: Provide a complete description of the scope of practice for which supervision will be provided to the supervisee listed on this application, by checking all items below that apply and list any additional areas that are not included.

CHECK	DIAGNOSIS AND TREATMENT OF	CHECK	PSYCHOLOGICAL TESTING AND EVALUATION
<input type="checkbox"/>	Major Mental and Emotional Disorders	<input type="checkbox"/>	Intelligence
<input type="checkbox"/>	Mental and Emotional Disorder	<input type="checkbox"/>	Personality
<input type="checkbox"/>	Alcoholism and Substance Abuse	<input type="checkbox"/>	Abilities
<input type="checkbox"/>	Disorders of Habit or Conduct	<input type="checkbox"/>	Interests
<input type="checkbox"/>	Psychological Aspects of Physical Illness	<input type="checkbox"/>	Psychophysiological Functioning
<input type="checkbox"/>	Psychological Aspects of Accident	<input type="checkbox"/>	Neuropsychological Functioning
<input type="checkbox"/>	Psychological Aspects of Injury	<input type="checkbox"/>	Psychoeducational Evaluation
<input type="checkbox"/>	Psychological Aspects of Disability		
List any Additional Areas below:		List any Additional Areas below:	
CHECK	TREATMENT TECHNIQUES USED	CHECK	TREATMENT/EVALUATION POPULATIONS
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Individuals
<input type="checkbox"/>	Psychoanalysis	<input type="checkbox"/>	Couples
<input type="checkbox"/>	Psychotherapy	<input type="checkbox"/>	Families
<input type="checkbox"/>	Hypnosis	<input type="checkbox"/>	Groups
<input type="checkbox"/>	Biofeedback	<input type="checkbox"/>	Adults
<input type="checkbox"/>	Behavioral Analysis and Therapy	<input type="checkbox"/>	Adolescents
<input type="checkbox"/>	Play Therapy	<input type="checkbox"/>	Children
<input type="checkbox"/>	Remediation	<input type="checkbox"/>	Geriatrics
<input type="checkbox"/>	Consultation	<input type="checkbox"/>	Institutions/Organizations
List any Additional Areas below:		List any Additional Areas below:	

SECTION E - SCOPE OF PRACTICE – continued

CHECK	TEST INSTRUMENTS USED	CHECK	TEST INSTRUMENTS USED
<input type="checkbox"/>	Bayley Scales of Infant Development	<input type="checkbox"/>	Peabody Individual Achievement
<input type="checkbox"/>	Beery Developmental Test of Visual Motor Integration	<input type="checkbox"/>	Purdue Peg Board
<input type="checkbox"/>	Bender Gestalt	<input type="checkbox"/>	Projective Drawing
<input type="checkbox"/>	Benton Visual Retention Test	<input type="checkbox"/>	Quick Neurologic Screening Test
<input type="checkbox"/>	Draw a Person	<input type="checkbox"/>	Reitan Neurological Assessment Battery
<input type="checkbox"/>	Eysenck Personality Inventory	<input type="checkbox"/>	Revised Children's Manifest Anxiety Scale
<input type="checkbox"/>	Hiskey-Nebraska Test of Learning Aptitude	<input type="checkbox"/>	Reynold's Adolescent Depression Scale
<input type="checkbox"/>	House-Tree-Person	<input type="checkbox"/>	Reynold's Child Depression Scale
<input type="checkbox"/>	Kinetic Family Drawing	<input type="checkbox"/>	Rorschach
<input type="checkbox"/>	Luria Nebraska Neurological Assessment	<input type="checkbox"/>	Sentence Completion
<input type="checkbox"/>	McCarthy Scales of Children's Abilities	<input type="checkbox"/>	Stanford Binet
<input type="checkbox"/>	Millon Clinical Multiaxial Inventory II or III	<input type="checkbox"/>	Thematic Apperception Test
<input type="checkbox"/>	Millon Adolescent Personality Inventory	<input type="checkbox"/>	Wechsler Preschool and Primary Scale of Intelligence
<input type="checkbox"/>	Millon Adolescent Clinical Inventory	<input type="checkbox"/>	Wechsler Adult Intelligence Scale Revised or III
<input type="checkbox"/>	Millon Behavioral Health Inventory	<input type="checkbox"/>	Wechsler Memory Scale Revised or III
<input type="checkbox"/>	Mini Mental Status	<input type="checkbox"/>	Wechsler Intelligence Scale for Children III
<input type="checkbox"/>	Minnesota Multiphasic Personality Inventory (MMPI-2 / MMPI)	<input type="checkbox"/>	Woodcock Johnson Psychoeducational Battery- Revised
<input type="checkbox"/>	MMPI-A		
List any Additional Tests below:		List any Additional Tests below:	

SECTION F – PLAN OF SUPERVISION: Supervision is defined as follows:

Supervision means a professional relationship in which a licensed psychologist shall have oversight responsibility for the psychological work of an individual not licensed as a psychologist. The purpose of supervision shall be to provide training to assist the supervisee to achieve full licensure.

In cases involving oversight of individuals completing the postdoctoral experience, individuals who have been issued a special license to practice psychology, or persons with a master's degree in psychology, a supervisor may supervise up to four (4) individuals. Supervision shall be reflected on all documentation by a co-signature of the supervisor.

The supervisory relationship shall be agreed to in writing prior to its commencing and shall provide for a level of contact appropriate to the supervisee's experience and training. All clients shall be advised of this supervisory relationship.

1	Frequency of Supervision:			
2	Type of Supervision:			
3	Duration of Supervisory Contact:			
4	Description of how supervision will take place:			
5	Who will provide supervisory backup when you are out of town or unavailable for weekly appointments?			
	Name:		License #:	
	Address:	Street/PO/Route		
		City:	State:	Zip:

SECTION G – SUPERVISOR ATTESTATION◆ **Supervisor Must Complete the following:**

I, _____ am the supervisor referred to in this application and that the statements herein
(Name of Supervisor)

are true and complete.

(Signature of Supervisor)

_____ date

SECTION H – CONVICTION INFORMATION/OTHER STATE LICENSURE: All applicants must complete this section			
1	HAVE YOUR EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state what crime, date of conviction, name, location of court (City, County, State)			
	Crime	Date	Name and Location of Court
2	ARE YOU LICENSED OR CERTIFIED IN ANOTHER STATE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES, INDICATE CATEGORY OF LICENSURE AND STATE(S) OF LICENSURE:			
	Category of Licensure	State(s) of Licensure	
3.	HAS DISCIPLINARY ACTION BEEN TAKEN ON YOUR LICENSE/CERTIFICATE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state date, type of action and name and address of entity taking such action:			
	Type of Action	Date of Action	Name and Address of Entity Taking Action
4	HAVE YOU EVER SURRENDERED YOUR LICENSE/CERTIFICATION?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state date and type of surrender; state(s) of such surrender:			
	Type of Surrender	Date of Surrender	State(s) of such Surrender
5	HAVE YOU EVER BEEN DENIED LICENSURE/CERTIFICATION OR REFUSED RENEWAL (other than non-payment of renewal fees?)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state date and type of action; Name and address of entity taking such action:			
	Type of Action	Date of Action	Name and Address of Entity taking such Action

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- Arrest Records
- All addiction/mental health evaluations (if the conviction involved a drug and/or alcohol related offense)
- If you are/were on probation, a letter from your probation officer referencing your probationary progress or date of release
- A letter from the applicant explaining the nature of the conviction

SECTION I – APPLICANT ATTESTATION**◆ Applicant Must Complete the following:**

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

- ☐ I have not practiced Psychology in Nebraska prior to this application for licensure; **or**
- ☐ I have practiced Psychology in Nebraska prior to this application for licensure (does not include internship time or if you were registered as a psychological assistant/associate).

_____ number of days in Nebraska prior to July 1, 2004

_____ number of days in Nebraska after July 1, 2004

(Signature of Applicant)

_____ date



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**VERIFICATION OF INTERNSHIP IN
PSYCHOLOGY**

This form must be completed by the internship supervisor

I, _____ verify that _____ has completed a
(Supervisor's Name) (Applicant's Name)

<input type="checkbox"/> full-time	<input type="checkbox"/> part-time	internship under my supervision for _____ hours of supervision per week, during the following time:
Date Began: _____		Date Ended: _____
and earned _____ total hours of experience.		

This internship was completed at: _____

Name of Facility: _____

Address: _____
(Street/P.O. Box)

(City) (State) (Zip Code)

1.	Nature of services provided by applicant:	
2.	Describe the interaction which occurred between interns and applicant:	
3.	Describe the range of supervised experience by the applicant in:	assessment
		intervention
		research into the applications of psychology

4	Staff names, degrees, state of licensure/certification and license/certification number:					
	Name	Degree	State of Licensure	License #	Was staff on-site	
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N
*If space is not adequate, attach additional sheets.						
5	Describe the patient population of the facility:					
OTHER COMMENTS:						

Signature of Supervisor

License Number

State Licensed

(OPTIONAL) Telephone Number